

# **Overview of Plasma Fractionation Practices**

FDA's Plasma Standards Workshop

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- Plasma has been used as source material for plasma therapies since the discovery by Cohn of cold ethanol precipitation in the 1940's
- Plasma provided to fractionators under “short supply” agreements (i.e., contracts)
- Source Plasma licensed in the mid-1970's
- Recovered plasma still supplied under short supply

- Source Plasma
  - In U.S., minimum standards set by regulation:
    1. “Immediately after filling, . . .stored at a temperature not warmer than -20°C, . . .”
    2. Shipping: “-5°C or colder”
    3. Excursion allowance: “. . .one episode of storage temperature fluctuation that is warmer than -20°C and colder than -5°C for not more than 72 hours. . .provided that the plasma has been and remains frozen solid.”
    4. Relabeling provision: “. . .inadvertently exposed. . .to a storage temperature warmer than -20°C and colder than +10°C may be issued only if labeled as ‘Source Plasma Salvaged.’”
  - Additional criteria as specified by the fractionator
- Recovered Plasma
  - In U.S., few specific regulations/extrapolated from requirements for transfusable plasma
  - Criteria specified by the fractionator

- Recovered Plasma
  - In U.S., few specific regulations (labeling)
    1. Expiry: Collection date instead of expiration date
    2. Intended use: Caution: For Manufacturing Use Only
    3. Intended use: Caution: For Use in Manufacturing Noninjectable Products Only
    4. Intended use: Not for Use in Products Subject to License Under Section 351 of the Public Health Service Act
  - Other requirements extrapolated from whole blood and plasma for transfusion
  - Criteria specified by the fractionator

- Human Plasma for Fractionation/EU
  - One standard as specified in European Pharmacopoeia Monograph
  - For labile protein recovery, frozen by cooling rapidly at -30°C or below as soon as possible and at the latest within 24 h of collection
  - For nonlabile proteins, plasma from whole blood frozen at -20°C or below within 72 h of collection
  - Store frozen plasma at or below -20°C
  - Shipping is same as storage
  - Excursion allowance: between -20°C and -15°C for not more than a total of 72 h without exceeding -15°C on more than one occasion as long as the temperature is at all times -5°C or lower

- Plasma therapies manufacture/marketing is global
- PPTA supports and highly recommends harmonization
  - Harmonization is not conformance to the most stringent regional standard
  - Harmonization is based on scientific principles
  - In the absence of agreement on science, industry appreciates flexibility

- Consolidations / Divestitures
- Plasma Center Closures  
Fractionation Facility Closures
- Reduced Volume of Fractionated Plasma
- Staffing Reductions

- New Companies Entering Market
- New Product Approvals
- Facilities Upgrades and Build-outs
- Enhanced Technologies Resulting in Higher Yields
- Utilization of Both Source and Recovered Plasma

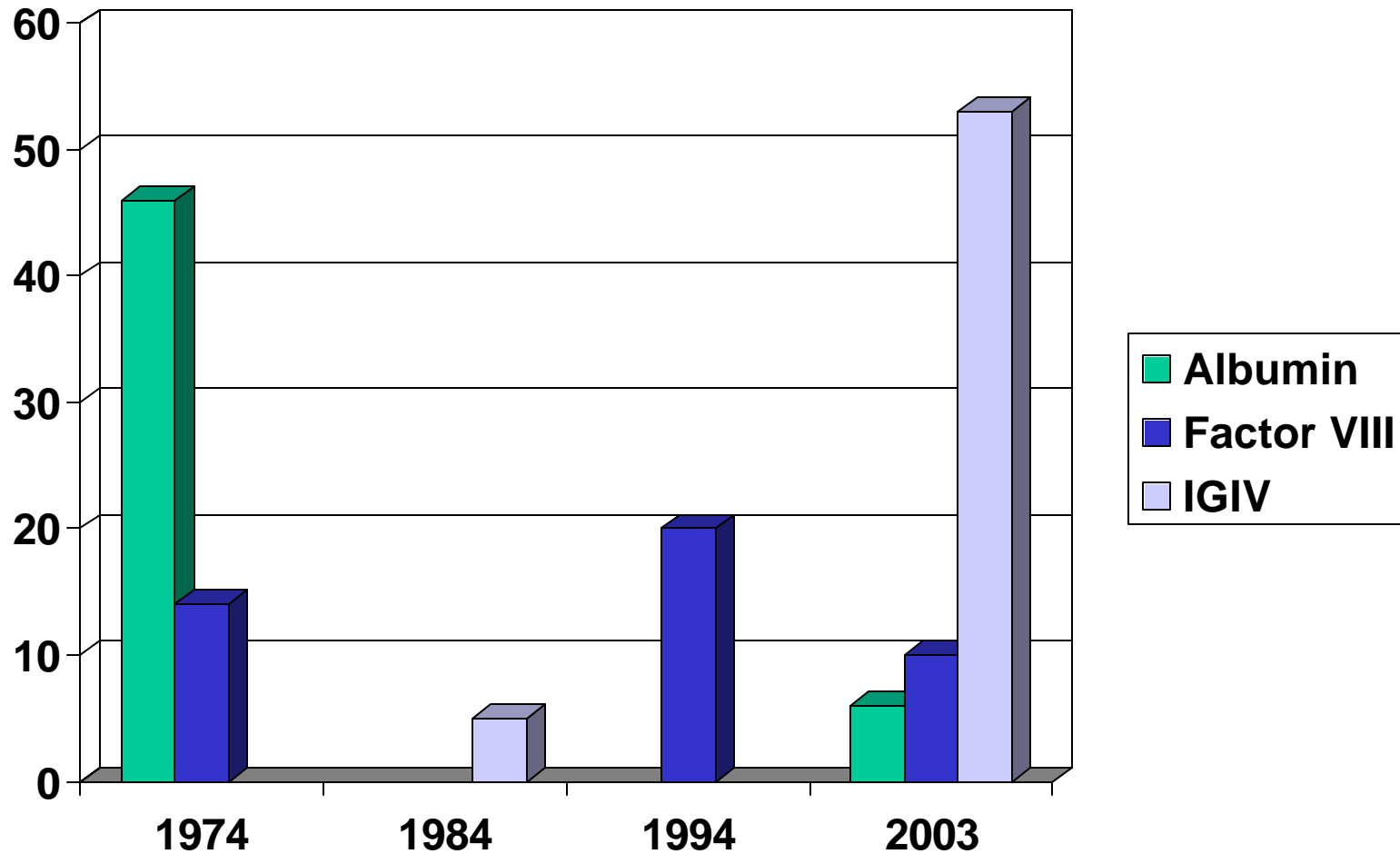


- In 2003, approximately 12.8 million liters of plasma collected for fractionation
  - 10.4 million liters Source Plasma
  - 2.4 million liters recovered plasma

## Drivers for plasma collection:



# Market Mix Over Time



# Plasma Therapy Portfolio



A1PI ~0.2 g/L

Factor VIII ~200 IU/L

IVIG ~3.5 g/L

Albumin ~25 g/L

Factor IX ~350 IU/L

- Source Material
  - Donor issues: biologic variability; frequency of collection
  - Collection/processing issues: method of collection, bleed time, time to separation, time to freezing, freezing temperature, storage temperature, thaw/pooling conditions
  
- Manufacturing
  - Fractionation
  - Viral clearance
  - Purification
  - Concentration

- Changes in product demand and industry business practices impact manufacturing, not volume of plasma collected
- Source and recovered plasma are both suitable starting materials
- Final product outcomes are dependent on a variety of factors
- Manufacturers validate processes based on influence of various factors